

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90012 047 \*\*\*\*61.25

<b>DOCUMENT # N96000004219</b>					
<b>1. Entity Name</b> THE APPLE SCHOOL, INC.					
<b>Principal Place of Business</b> 3425 NEW JERSEY ROAD LAKE LAND, FL 33803			<b>Mailing Address</b> 3425 NEW JERSEY ROAD LAKE LAND, FL 33803		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-3394736				<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GITHENS, STEVE 1212 GEORGE JENKINS BLVD LAKE LAND, FL 33815			Name <b>Dr. Robert Eanett</b> Street Address (P.O. Box Number is Not Acceptable) <b>Watson Clinic</b> <b>1033 N Parkway Frontage Rd.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33813</b>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE			DATE <b>6-15-06.</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>VP</b> NAME <b>O'SULLIVAN, RICHARD</b> STREET ADDRESS <b>3229 STOWE WATER DR</b> CITY-ST-ZIP <b>LAKE LAND, FL 33803</b>	<input checked="" type="checkbox"/> <b>Delete</b>		TITLE <b>D</b> NAME <b>Williams, Roy</b> STREET ADDRESS <b>P.O. Box 537</b> CITY-ST-ZIP <b>Darien, GA 31305</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
TITLE <b>PRES</b> NAME <b>GITHENS, STEVE</b> STREET ADDRESS <b>4242 GEORGE JENKINS BLVD</b> CITY-ST-ZIP <b>LAKE LAND, FL 33803</b>	<input checked="" type="checkbox"/> <b>Delete</b>		TITLE <b>D</b> NAME <b>4320 Braemar Ave</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
TITLE <b>D</b> NAME <b>GITHENS, MITCHELL</b> <b>Mitchell</b> STREET ADDRESS <b>4320 BRAEMAR AVE</b> CITY-ST-ZIP <b>LAKE LAND, FL 33813</b>	<input type="checkbox"/> <b>Delete</b>		TITLE <b>MR D</b> NAME <b>Kirkland, Dawn</b> STREET ADDRESS <b>617 Hickory Ln</b> CITY-ST-ZIP <b>LAKE LAND, FL 33801</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>	
TITLE <b>D</b> NAME <b>GIBSON, CLYDE</b> STREET ADDRESS <b>125 EAST MAIN ST</b> CITY-ST-ZIP <b>BARTOW, FL 33830</b>	<input type="checkbox"/> <b>Delete</b>		TITLE <b>MR D</b> NAME <b>Lomo, Joseph</b> STREET ADDRESS <b>1902 S Florida Ave</b> CITY-ST-ZIP <b>LAKE LAND, FL 33803</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>	
TITLE <b>PRES</b> NAME <b>EANETT, ROBERT</b> STREET ADDRESS <b>1033 N PARKWAY FRONTAGE RD</b> CITY-ST-ZIP <b>LAKE LAND, FL 33813</b>	<input type="checkbox"/> <b>Delete</b>		TITLE <b>MS D</b> NAME <b>Grimes, Tami</b> STREET ADDRESS <b>5115 N. Seacum Lp #384</b> CITY-ST-ZIP <b>LAKE LAND, FL 33809</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>	
TITLE <b>VP</b> NAME <b>MUNDY, WAYNE</b> STREET ADDRESS <b>1050 MARIPOSA AVE</b> CITY-ST-ZIP <b>BARTOW, FL 33830</b>	<input type="checkbox"/> <b>Delete</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE:			DATE <b>6-15-06</b>		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		